PTO/S8/17 (10-07)
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Under the Pape	rwork Reduction	Act of 19	95, no person are r	required to	respond to a collection		ion unless it display		B control numbe
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819). FEE TRANSMITTAL For FY 2008					Complete if Known Application Number 10/583,229-Conf. #8224				
							June 16, 2006		
					Filing Date				
							Xiaodong Li Not Yet Assign		
Applicant claims ameli astitu status. Can 27 CED 1 27								ieu	
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		400000104		
TOTAL AMOUNT OF PAYMENT (\$) 130.0			(\$) 130.00		Attorney Docket	No.	612408006US1		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None X Other (please identify): EFT Account SEA1PIRM									
X Deposit Account Deposit Account Number: 50-0665 Deposit Account Name: Perkins Coie LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		FILI	NG FEES	SE.	ARCH FEES	EXAMI	NATION FEES		
Application Typ	ne F	ee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Enne	Paid (\$)
Utility		310	155	510	255	210	105	rues	raiu (a)
Design		210	105	100	50	130	65		
Plant		210	105	310	155	160	80		
Reissue		310	155	510	255	620	310		
Provisional		210	105	0	0	0	0		
2. EXCESS CLAIM FEES Small E									
Fee Description									Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								50	25
Each independent claim over 3 (including Reissues)  Multiple dependent claims								210 370	105 185
Total Claims			Eng (t)	Paid (\$)		ultiple Depende			
Total Claims Extra Claims Fee (\$) Fee				1001	Fee (\$)			Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Extra Claims Fee (\$) F				Fee I	Paid (\$)				_
_ =x =									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration 130.00									
SUBMITTED BY	14.4.4								
Signature	15	1			Registration No. (Attorney/Agent)	38,829	Telephone	(206) 35	59-8000
Name (Print/Type) Stephen Bishop Date 21 Aug 208									
							g. ,		